CITY OF PIKEVILLE

Account Number _____ **DIVISION OF TAX COLLECTION** License Fee _____

APPLICATION FOR AN OCCUPATIONAL LICENSE FEE ACCOUNT

All businesses are required to register and be assigned an account number, please complete and return to this office.

BUSINESS INFORMATION

1. Business or Trade Name _____
2. Street Address _____
3. Mailing Address _____
   (to receive quarterly/annual forms)
4. City _____ State _____ Zip _____
5. Federal Tax I.D. # _____ Unemployment Insurance # _____
6. Accounting year end: Calendar year (December 31st) _____ Fiscal year (month_____)
7. Business Phone Number: _____-_____ Fax_____-_____
8. Nature of Business: _____ Email_____
   a. All contractors and subcontractors attach copy of worker's compensation insurance.
   b. Contractors: List all subcontractors' name, address and telephone number _____
   _____
   (attach separate sheet if necessary)
   c. Job Cost _____
9. Date business started in Pikeville ____/____/____
10. Check which: ( ) Corporation ( ) S Corporation
    ( ) Partnership ( ) Sole Proprietorship
    ( ) Individual ( ) Fiduciary
    ( ) LLC ( ) Religious or Non-Profit Organization
    ( ) Other, please specify _____
11. Will you have employees working in Pikeville? ( ) Yes ( ) No Number of Employees _____
12. Is business location properly zoned, and has a Certificate of Occupancy been obtained? ( ) Yes ( ) No
    If NO, contact: Division of Building Inspection
    Phone (606) 437-5176
13. Has Inspection been completed by the Pikeville Fire Marshall? ( ) Yes ( ) No
    If NO, contact: Pikeville Fire Department
    Phone (606) 437-5125
14. Do you have any business locations that are not within the city limits of Pikeville? ( ) Yes ( ) No
    If Yes, please list location(s): _____
    _____
15. Is this a new business or was it purchased? ( ) New ( ) Purchased
    If Purchased give name of previous owner and business name.
    _____
    _____

OWNER INFORMATION - REQUIRED

16. List names of owners, partners, or, if corporation, officers and title. If additional room required attach separate sheet.
    Person to contact.
    a. Name _____ Title _____
    Address _____ Home Ph. #: _____-_____
    City _____ State _____ Zip _____
    SS #: _____–_____–_____ DL #: _____
    b. Name _____ Title _____
    Address _____ Home Ph. #: _____-_____
    City _____ State _____ Zip _____
    SS #: _____–_____–_____ DL #: _____

X _____ _____ _____
Signature Title Date

Return To: **CITY OF PIKEVILLE**
DIVISION OF TAX COLLECTION
243 Main Street • Pikeville, KY 41501
(606) 437-5102 • Fax (606) 432-6128 • www.pikevilleky.gov